The Yin & Yang of HIV

When put to the test, conventional HIV/AIDS theory is at odds with the clinical evidence. Is "purified HIV" no more than a tangle of cellular debris?

Part 3 of 3

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Discovery consists of seeing what everybody has seen and thinking what nobody has thought.
— Albert Szent-Györgyi, Physician and Nobel Laureate

THE DIAGNOSIS OF "HIV" INFECTION

• What proof is there for the existence of HIV?

Scientific evidence for the existence of a retrovirus must be consistent with the definition of a retrovirus as a particular kind of replicating, microscopic particle. Thus researchers must demonstrate the correct size, shape and construction of particles; that these particles have been purified and analysed and contain RNA as well as an enzyme (reverse transcriptase) that makes DNA from RNA; and that the particles are infectious—that is, when pure particles are introduced into fresh cell cultures, identical progeny appear. The latter necessitates a second round of purification and analysis. Indeed, although this method is entirely logical and was deemed essential at a meeting held at the Pasteur Institute in 1973,[147, 148] it has been ignored by all HIV researchers.

Although there are electron microscope (EM) photographs from unpurified cell cultures of particles purported to be HIV particles, it was not until March 1997 that EMs of "purified HIV" were published.[149, 150] Yet such data is the first, most essential step in attempts to prove particles are a virus, and for subsequent extraction of constituents for analysis and use as diagnostic reagents. These long-awaited micrographs reveal "purified HIV" to be a tangle of cellular debris. Scattered amongst this are scant particles which, without evidence, the authors claim are the HIV particles and which "copurify" (*sic*) with the cellular material. Close examination of these particles as well as other evidence in the papers shows they are too large, wrongly shaped, have too high a mass, and are devoid of knobs that HIV experts unanimously assert are absolutely essential for the "HIV" particle to cause infection. It is from this material that HIV/AIDS experts and biotechnology companies obtain proteins and RNA to use in tests to pronounce humans infected with a unique, exogenous, AIDS-causing microbe.

On 17 July 1997, the French investigative television journalist Djamel Tahi interviewed Professor Luc Montagnier in camera at the Pasteur Institute in Paris. Montagnier was asked: "Why do the EM photographs published by you [in 1983] come from the culture and not the purification?" His reply was: "There was so little production of virus it was impossible to see what might be in a concentrate of the virus from the gradient ["pure virus"]. There was not enough virus to do that. Of course one looked for it, one looked for it in the tissues at the start; likewise the biopsy. *We saw some particles but they did not have the morphology typical of retroviruses*" [italics ours].[61] Questioned about the Gallo group, Montagnier replied: "Gallo? I don't know if he really purified. I don't believe so." This should have been both the beginning and the end of HIV.

Retrovirus-like particles are virtually ubiquitous in biological material,[151, 152] including, for example, cell cultures and "the majority if not all human placentas".[153] (Note that Montagnier refers to EMs obtained from umbilical-cord blood lymphocytes.) However, as Gallo confirms, the majority of retrovirus-like particles are not retroviruses because they do not replicate.[151, 154] The "HIV" particle has been "classified" into two subfamilies and three genera of retroviruses. This is analogous to describing a new species of mammal as a human, a gorilla and an orang-utan.

Besides the "HIV" particle, cell cultures contain other particles of numerous

morphologies whose origin and role are unknown.[18, 155, 156] A long and detailed study from Harvard[157] revealed the identical "HIV" particle in 18 out of 20 (90% of) AIDS-related lymph node enlargements but also in 13 out of 15 (88% of) non-AIDS-related enlargements.

HIV experts claim to detect and even "isolate" HIV merely by demonstrating "reverse transcription" in cultures. However, although a property of retroviruses, reverse transcription is not, as many HIV/AIDS experts claim, unique to retroviruses or even viruses.[158, 159] Well before the AIDS era, Gallo himself showed that chemically stimulated (a technique absolutely essential to "isolate HIV" from cultures) normal lymphocytes possess this function.[160, 161]

• The "HIV" proteins and antibodies

Although both Montagnier and Gallo have never published EMs to prove the presence of retrovirus-like particles in their "pure virus", and Montagnier now concedes there weren't any, both groups, and all others since, claim such material is "pure HIV". This claim is based on the fact that such material contains proteins which react with antibodies present in AIDS patients. However, such reasoning is untenable.

Imagine a scientist who mixes two solutions together, obtains a precipitate and then proclaims the identity and source of several reactants. One does not need a degree in chemistry to realise this is an impossibility. Nonetheless, because cultures and antibodies derived from AIDS patients react together, the proteins are declared to belong to "HIV" and the antibodies—the "HIV-specific" antibodies.

In fact, Gallo admits that, for him, an antibody test is the quintessence of "HIV isolation". During an interview at the 1998 Geneva AIDS Conference he admitted: "Sometimes we had Western blot positive but we couldn't isolate the virus. So we got worried and felt we were getting false positives sometimes, so we added the Western blot. That's all I can tell you. It was an experimental tool when we added it, and for us it worked well 'cos we could isolate the virus when we did it."[162] Actually, in 1984, Gallo's "false positives sometimes" were antibodies in 88% of AIDS patients but "virus-isolated" in 36% of AIDS patients. Gallo solved the twin dilemmas of the "missing virus" and gross non-specificity of the "HIV" antibodies by making the Western blot antibody test an integral part of virus isolation.

However, an antibody test is not isolation of a virus. HIV proteins can only be defined by extracting them from particles purified and proven to be a unique retrovirus. Such material has never been shown to exist, and such extraction never reported. Notwithstanding, since the mid-1980s, HIV researchers claim that a culture which reacts with a monoclonal antibody to one of the "HIV" proteins, the p24 protein, is proof of isolation of HIV. Since "to isolate a virus" is to obtain infectious particles separate from everything else, it is particularly difficult to see how so many scientists persevere in referring to a chemical reaction in this manner.

As a mark of the bewildering status of the HIV theory, while HIV proteins could not be found in the placentas of 75 HIV-positive, pregnant women, they could be found in the placentas of 25 healthy, HIV-negative women.

• The origin of the "HIV" proteins

According to Eleopulos and her colleagues, all data presented to date are consistent with the "HIV" proteins being cellular. Using "HIV" antibodies as probes, "HIV" proteins have been identified in the tissues of persistently HIV-negative, healthy individuals, including in blood platelet and skin cells, thymus, tonsil and brain.[15] As a mark of the bewildering status of the HIV theory, while HIV proteins could not be found in the placentas of 75 HIV-positive, pregnant women,[163] they could be found in the placentas of 25 healthy, HIV-negative women.[164]

That the HIV proteins are cellular is further strengthened by a recent two-part experiment. Human lymphocytes, cultured in the absence of material from AIDS patients, were "purified" as they would be to obtain the "HIV" proteins. This "uninfected" material served as a "mock virus" in experiments involving both "HIV" and "SIV" (simian [monkey] immunodeficiency virus, claimed similar to "HIV"). Analysis of "mock virus" reveals qualitatively a series of proteins bearing the same molecular weights as the proteins of "real" virus, strongly suggesting that the "HIV" proteins are cellular because the existence of HIV proteins demands they appear exclusively in cultures derived from AIDS patients.[149]

In the second experiment, monkeys were immunised on several occasions with "mock virus"—a procedure which subsequently protected them from a "challenge" with "real" SIV.[165, 166] However, immunisation is specific. Immunisation with hepatitis vaccine does not protect against poliomyelitis. It relies on exposure of the animal's immune system to material specific to the organism against which protection is sought. Since proteins from the cells in which "SIV" is "grown" ("mock" virus) protect against "real" SIV, these must be exceedingly similar if not identical. That is, the "SIV" and, by inference, the "HIV" proteins are all cellular.

• The "HIV genome"

As is the case with the "HIV" proteins, the RNA purported to be the "HIV" genome has not been obtained from particles purified and proven infectious, but from the conglomerate material described above. Molecular biologists have produced possibly more information about the "HIV" genome than any other object in the Universe. Nonetheless, there are no reports of even one individual possessing a complete, full-length "HIV" genome, and there is no agreement as to how many genes HIV possesses. Opinions have varied from four through to eight, nine or ten. Human DNA and chimpanzee DNA differ by less than 2%, but variation in the composition of the "HIV genome" (derived from analysis of "pieces" measuring 2%–30% of the presumed total) measures between 3%–40%. For comparison, two RNA-containing viruses (polio and influenza, the latter after 27 years of dormancy) vary by less than 1%, as do RNA molecules self-assembled in test tubes, denied the organising influence of living cells.[167, 168]

Given that the DNA sequence determines the composition of a virus's proteins, and the latter the physical, biochemical and biological properties of a virus, how is it possible for such variation

to represent one and the same agent? For example, how is it possible that HIV can induce the same antibodies which can be recognised in a universal antibody test containing the identical proteins? Since, as the molecular biologist Duesberg reminds us, "there is a range, a small range, in which you can mutate around without too much penalty, but as soon as you exceed it you are gone, and you are not HIV any longer, or a human any longer...then you are either dead or you are a monkey, or what have you",[8] it is evident that whatever the "HIV DNA genome" represents, it cannot be a virus.

If there exists certain RNA which is unique to a retrovirus HIV, then finding such RNA should prove infection. However, the concordance between antibody and genetic tests varies between 40%–100%,[169] and "HIV" RNA can be found in individuals not infected with HIV. In responding to this scientific dilemma, the HIV experts have proclaimed that "Plasma viral load ["HIV" RNA] assays are designed for monitoring the effectiveness of antiretroviral therapies and for measuring the quantity of virus in patients with confirmed HIV infection, not for the diagnosis of HIV infection. Their performance in patients who are not infected with HIV is unknown" and their use leads to "Misdiagnosis of HIV infection".[170] One manufacturer of PCR states that "The Amplicor HIV-1 Monitor test is not intended to be used as a screening test for HIV or as a diagnostic test to confirm the presence of HIV infection" (Roche Diagnostic Systems, 06/96, 13-08088-001).

These being the case, the specificity of "plasma viral load" is unknown and it is difficult if not impossible to claim that "HIV" RNA is the unique constituent of a specific retrovirus. How can one even consider using such tests to monitor or diagnose a supposedly deadly virus when the "viral load" obtained varies between zero and a million copies on the same sample, depending on which technique or strain of HIV is involved?

In the AIDS era, experts recognise that antibodies to the "HIV-specific" proteins occur where there is no HIV and in many more individuals than will ever develop AIDS.

On what basis, then, does "HIV" still exist?

• Lessons from the past?

The evidence for the existence of Gallo's "first human" retrovirus (HL23V) was much stronger than that for HIV (see Part 1).[20, 25, 172] However, in 1980, the antibodies to the HL23V proteins were shown to occur following a large variety of common, non-infectious factors and in far more humans than could ever have developed leukaemia.[173, 174] Thus, from signifying that an "infectious mode of transmission [of leukaemia] remains a real possibility in humans" and "infection with an oncovirus [retrovirus] may be extremely widespread",[175] the "first" human retrovirus abruptly disappeared from the annals of science. At present no one, not even Gallo, believes it existed.

However, had it not been for the efforts of the two research groups at the National Cancer Institute and Sloan-Kettering, there was the distinct possibility that by now the world would be facing a pandemic of "HL23V disease" as well as a pandemic of "HIV disease".

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THE DISSIDENT CASE: POLITICS AND PUBLIC HEALTH POLICY

The failures of the past 15 years are fairly and squarely affixed to the five Montagnier and Gallo 1983–84 *Science* papers. That the titles of three of these papers contain the word "isolation", and yet no such evidence was presented, must stand as a memorial to the demise of editorial integrity. The dissident cases—that HIV does not exist (Eleopulos), or, if it does exist, it does not cause AIDS (Eleopulos/Duesberg)—ultimately imply there will be devastating outcomes in terms of scientific credibility, including the failure of peer review, the demise of reputations of many experts and non-experts, the challenge to citizens' trust in governmental, scientific and medical leaders, as well as an uncertain period of ignominy for the medical profession as a whole. Weaving a just resolution through this maze of socio-medico-legal bedlam will require the utmost perspicacity and tenacity from political leaders.

Perhaps there are already signs of quiet beginnings with the Americans' 1994 return of the discovery of HIV to the French, followed by Montagnier's most recent admissions in his 1997 interview. Perhaps it is also written in the faces of the Nobel Committee and the stubborn absence of a Nobel Prize awarded for any of the 100,000 scientific papers representing HIV/AIDS research.

• Exceptionalism

Over and above all the uncertainties surrounding the HIV/AIDS debate, AIDS science/medicine must stand as the most remarkable case of "exceptionalism" in history. The funding it attracts far outstrips that justified by its prevalence and economic impact.[176] For example, over the past 17 years, Australia has a cumulative total of 7,766 AIDS cases including 5,575 deaths.[177, ◊◊◊]

The big spenders are (in order) the United States, France, the United Kingdom, Germany and Italy. Their combined annual HIV/AIDS research budget amounts to US$1.8 billion for a cumulative total of 761,572 AIDS patients (many of whom are dead). Of an additional $US20 million spent by the European Union in 1994–98, most "money goes to support travel and meeting costs rather than laboratory research".[178]

While thousands of dollars per patient are spent on HIV/AIDS research, only a few dollars are spent on heart disease, cancer, mental illness, suicide prevention or road trauma.

The funding paradox reaches epidemic, almost farcical proportions in developing countries where Western AIDS workers spend their days dispensing advice and condoms to a population dying for want of potable water, adequate sanitation and nutrition, and antibacterial, antitubercular and antimalarial medicines—in a word, dying of *poverty*.

Currently, the annual cost of anti-HIV drugs for one person is about $US15,000 (greater than the entire health budget for many a Third World village). With 650,000 to 900,000 HIV-positive patients in the USA as of July 1996, it would take US$10 billion to pay for drugs alone. This must be viewed against the World Health Organization's estimate that by the year 2000 there will be 30 to 40 million HIV-infected people.

Without HIV, AIDS patients and specialist AIDS units and their employees can rationally be absorbed into the existing infrastructure of clinics and hospitals. The pursuit of expensive drugs designed to kill HIV will be irrelevant, as will be the travail of the legions of HIV researchers. The same applies to AIDS councils, the armies of AIDS educators, fundraisers, volunteers and AIDS organisations. In the US alone, there are 93,000 of the latter—one for every four persons ever diagnosed with AIDS.[34]

• Clear thinking

Homo sapiens (thinking man) was not named in vain. An honourable society provides unfettered information and encourages its members to make rational choices. Epidemi-ology shows that the development of a positive "HIV" antibody test and AIDS is not so much related to a given sexual practice, but rather to the frequency of passive anal intercourse in both men and women.

It follows that AIDS is not a disease of sexual orientation, and as far as women are concerned it is prudent to note that, in absolute terms, innumerably more women than men engage in anal intercourse. Thus AIDS is not unlike the case of the recently appended AIDS-defining disease, cervical cancer, which long before the AIDS era was known to be related to the frequency of vaginal intercourse. Even so, it is not the act itself, but the very high frequency of the act, which is pathogenic.

As serious as public reaction to an ill-conceived retrovirus may prove, it will not be anywhere as serious as the legal backlash. There are countless individuals alive who believe they are infected with a deadly microbe, and many of them are currently treated with potentially toxic drugs with no proven benefit. They avoid intimacy, avoid having children, and sometimes avoid even casual contact with others. It would take a flotilla of poet laureates to voice the collective pain and suffering engendered by such a mistake. It would take an army of mathematically gifted lawyers to quantify, and the nation's coffers to compensate, those whose lives have been ruined by what Neville Hodgkinson has called "the greatest scientific blunder of the 20th century".[29]

This is not to forget patients and relatives who have died at their own hands. In 1987, former US Senator Lawton Chiles of Florida told an AIDS conference of a tragic case where 22 blood donors were informed they were HIV-infected on the basis of an ELISA test. Seven donors then committed suicide.[179]

In June this year, the Swiss AIDS analyst Michael Baumgartner persuaded United Nations officials to include a dissident session at the XIIth International AIDS Conference held in Geneva. Speakers included: Huw Christie, editor of *Continuum* magazine; AIDS analyst and documentary film-maker Joan Shenton; epidemiologist Professor Gordon Stewart; retrovirologist and electron microscopist Professor Etienne de Harven; virologist Dr Stefan Lanka; and, by satellite, Eleni Eleopulos and her group from the Royal Perth Hospital. In the audience were observers from the Pasteur Institute and the US National Institutes for Health. The topic of the session was a scientific critique of the HIV antibody tests and the evidence for the existence of HIV.

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At the official press conference held after the meeting, Professor Bernhard Hirschel, chairman of the organising committee, accused the speakers of "using outdated and untrustworthy scientific data". However, it was this "outdated" data, that of Montagnier and Gallo, that led to the 1984 proclamation that HIV is the cause of AIDS. That considered "untrustworthy" is the HIV experts' own data.

Notwithstanding these and many other challenges to the current dogma, HIV/AIDS experts are not in the least disquieted by

Editor's Note:
Some of the endnote references in Part 3 are to be found in Part 1, published in NEXUS 6/03, June-July 1999 issue.

Endnotes

◊◊◊ Of the cumulative 7,766 Australian AIDS cases to date, 387 (5%) are reported in the "Heterosexual contact" exposure category. However, 22 of these qualify on the basis of "Sex with injecting drug user", "Sex with bisexual male", "From high prevalence country" (where heterosexual spread is deemed dominant), "Sex with HIV-infected person, exposure not specified", or "Not further specified".[177] Thus, injecting drug use, anal intercourse in women, the presumption of any form of sexual intercourse, and lack of sufficient data question the mode of acquiring HIV infection in at least 330 (85% of) individuals listed in this exposure category.

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sceptical patients, relatives or scientists, and inveigh heavily against inquisitive journalists alleging great harm to public health. Thus it appears that the only hope for an immediate resolution of this troubled issue is to have lawyers appearing for plaintiffs who desire judgements that they are, or are not, infected with an AIDS-causing virus. However, even if an examination of "HIV science" is destined to be scrutinised by courts of law, at present one must be realistic that in the short term the status quo is extremely unlikely to change.

• A real debate?

Nonetheless, it is inexorably drawing nearer to the time when world governments will convene an international, adjudicated debate on this subject. In contrast to the 13,775 participants from 177 countries who attended the June 1998 Geneva AIDS Conference, this should be a small gathering where a dozen or so experts from each side put their respective cases to a disinterested group of scientists of the utmost stature—for example, another dozen made up largely of Nobel laureates. There is a precedent for such a "consensus conference" or *conférence de citoyens* in common sense and "along the lines of a model invented in Scandinavia and since applied in the United Kingdom and elsewhere". A "jury" of 14 people "screened for independence from interested parties" would have issues "debated in front of them by scientists, non-governmental organizations, industrialists and other bodies", as "The power of public research bodies is probably the best guarantee of independence with respect to private sector research and the influence of multinationals".[180] By AIDS standards, funding for such a meeting would be trivial. Indeed, such would be its significance that it would make money for the organisers.

Perhaps a disinterested observer could be forgiven for concluding that, although we are now well into the 18th year of the AIDS era and have spent many billions of dollars on treatments and research, the words of Dr Peter Duesberg continue to taunt us: "By any measure, the war on AIDS has been a colossal failure...our leading scientists and policymakers cannot demonstrate that their efforts have saved a single life."[1]

Perhaps the words of Eleopulos's group are of even greater portent: "The single most important obstacle in finding the explanation for AIDS is the belief in HIV."[19, 26]

"By any measure, the war on AIDS has been a colossal failure...our leading scientists and policymakers cannot demonstrate that their efforts have saved a single life."

Dr Peter Duesberg

In his recent book, *Dancing Naked in the Mind Field*, Dr Kary Mullis writes: "Years from now, people will find our acceptance of the HIV theory of AIDS as silly as we find those who excommunicated Galileo."[2]

Indeed, it was Galileo who counselled: "In Science, the authority embodied in the opinion of thousands is not worth a spark of reason on one man."

Perhaps, seventeen years in, we should all pause, look around, and then take a long look back. ∞

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